



City of Chicopee, Massachusetts

Building Department

Joseph C. Viamari
Building Commissioner

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City Hall Annex - 274 Front Street - Chicopee, MA 01013

Tel: (413) 594-1440 Fax: (413) 594-1446

www.chicopeema.gov

APPLICATION FOR ACCESSORY PERMIT ROOFING

Attached are the forms required for an application for a roofing permit. Please fill out all the attached forms and submit them with the permit fee in the form of a check or money order, made payable to the City of Chicopee, to the Building Department.

Please be advised, we will also need a copy of your current Massachusetts Construction Supervisors License and your current Home Improvement Registration. A Certificate of Liability and Workman's Comp Affidavit must also be attached to the building permit application.

If you have any further questions, please feel free to contact the Building Department at (413) 594-1440.



CITY OF CHICOPEE, MASSACHUSETTS

BUILDING DEPARTMENT
ACCESSORY PERMIT APPLICATION
Building Permit Application to Repair, Renovate or demolish a structure

Munis No. _____
Permit No. _____
Permit Fee: _____

IMPORTANT – Complete ALL items where applicable

SECTION 1: PROPERTY ADDRESS

Address: _____ Lot No.: _____
Zone: _____ Assessor Map/Parcel No.: _____

SECTION 2: SITE INFORMATION AND COST OF IMPROVEMENTS

2.1. LOCATION OF BLDG. ON LOT –
DISTANCE OF BLDG FROM

Street line _____ ft
Right lot line _____ ft

Left lot line _____ ft
Rear lot line _____ ft

Is this a corner lot? ☐ Yes ☐ No

If answer is Yes – Distance of Bldg. from
side street line: _____ ft

2.2. TYPE OF SEWAGE DISPOSAL

- ☐ Individual (septic tank, etc.)
☐ Public or private company

2.3. TYPE OF WATER SUPPLY

- ☐ Individual (well, cistern)
☐ Public or private company

2.4. COST

Cost of Improvement \$ _____
To be installed but not included in the
above cost
Electrical \$ _____

Plumbing \$ _____

Heating, A.C. \$ _____

Other \$ _____

Total Cost \$ _____

2.5. DIMENSIONS

Number of stories _____

Size of building – front _____
rear _____
deep _____
Total square feet of floor area, all floors
based on exterior dimensions _____

Total square foot of garage area _____

Size of lot - front _____
depth _____

Total land area, square feet _____

SECTION 3: DESCRIPTION OF PROPOSED WORK

☐ Owner Occupied No. Of Units: _____ Code Edition: _____ Building Use Group: _____

Brief Description of Proposed Work:

SECTION 4: PROPERTY OWNERSHIP

4.1. Owner's Name: _____
Mailing Address: _____
City, State, Zip: _____ Phone Number: _____

SECTION 5: CONSTRUCTION SERVICES

5.1. Construction Supervisor: _____
Address: _____
Home Phone: _____ Business Phone: _____
Signature of Contractor: _____
CSL Number: _____ List CSL Type: _____ Expiration Date: _____

TYPE	DESCRIPTION
U	Unrestricted (up to 35,000 cu.ft.)
R	Restricted 1 & 2 Family Dwelling
IA	Masonry Only
RF	Residential Roofing Covering
WS	Residential Window and Siding
SF	Residential Solid Fuel Burning Appliance Installation
DM	Demolition Only
IC	Insulation

5.2 Registered Home Improvement Contractor (HIC)

Name: _____
Address: _____
Business Phone: _____
Registration Number: _____
Expiration Date: _____
Signature: _____

SECTION 6: ARCHITECTURAL SERVICES

6.1. Name: _____
Mailing Address: _____
City, State, Zip: _____ Phone Number: _____

SECTION 7: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L.c. 152. § 25C(6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.
Signed Affidavit attached? ☐ Yes ☐ No

SECTION 8: OWNER DECLARATION

As Owner, I hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf,

Signature of Owner _____ Application Date _____

NOTES

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will **not** have access to the arbitration program or guaranty fund under M.G.L.c.142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR.
2. Demolition permits require Gas Slip from Gas Co., Electric Light slip from CEL, Rodent Control slip from Health Dept., and Water slip from Water Dept

DO NOT WRITE ON LINES BELOW

STREET
LOCATION: _____

ZONE: _____

PERMIT NO. _____

APPLICATION
FOR
ACCESSORY PERMIT

OWNER: _____

- ADDITION
- ☐
- GARAGE
- ☐
- NEW SWIMMING POOL
- ☐
- ALTERATION
- ☐
- OTHER STRUCTURE
- ☐
- WRECKING
- ☐
- REPAIR-REPLACEMENT
- ☐
- CERTIFICATE OF OCCUPANCY
- ☐

PERMIT GRANTED

DATE: _____

APPROVED BY: _____
Building Commissioner

DATE FILED: _____

DO NOT WRITE ON LINES ABOVE



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual) : _____

Address: _____

City/State/Zip: _____ **Phone#:** _____

Are you an employer? Check the appropriate box:

- | | |
|--|--|
| 1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).* | 4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡ |
| 2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required] | 5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption perm MGL c. 152, § 1(4), and we have no employees. [no workers' comp. insurance required.] |
| 3. <input type="checkbox"/> I am a homeowner doing all work myself [No workers' comp. insurance required] † | |

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

†Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration (date)).

Failure to secure coverage as required under Section 25a of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one year imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$250.00 a day against violator. Be advised that a copy of this statement maybe forwarded to the Office of Investigations of the DIA for coverage verification.

I do herby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ **Date:** _____

Print Name: _____ **Phone #:** _____

Official use only Do not write in this area to be completed by city or town official

City or Town: _____ **Permit/license #:** _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact person: _____ **Phone #:** _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the forgoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees, However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer".

MGL chapter 152 section §25(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."**

Additionally, MGL chapter 152 section §25(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill in the workers' compensation affidavit completely, by checking the box that applies to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the Members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the "law" or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Towns Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a homeowner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

**The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111**

phone #: (617) 727-4900 ext. 406 or 1-877-MASSAFE

fax#: (617) 727-7749

www.mass.gov/dia



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ASBESTOS REMOVAL

All residential, commercial and institutional buildings are subject to Massachusetts Department of Environmental Protection (MassDEP) asbestos regulations at 310 CMR 7.15. Therefore, owners and/or operators (e.g. building owners, renovation and demolition contractors, plumbing and heating contractors, flooring contractors, etc.) need to determine all asbestos containing materials (both non-friable and friable) that are present at the site and whether or not those materials will be impacted by the proposed work *prior* to conducting any renovation or demolition activity.

Examples of commonly found asbestos containing materials include, *but are not limited to*, heating system insulation, floor tiles and vinyl sheet flooring, mastics, wallboard, joint compound, decorative plasters, asbestos containing siding and roofing products and fireproofing.

Failure to identify and remove all asbestos containing material prior to its being impacted by renovation or demolition activities can result in significant penalty exposure, and higher clean-up, decontamination, disposal and monitoring cost.

A DOS certified asbestos consultant must be hired to determine if asbestos is present and whether removal/repair is necessary. If the building is a state-owned facility, contact DCAM and DOS. DOS provides a list of licensed asbestos abatement contractors and consultants. You may wish to ask about a contractor's history of violations. Only DOS licensed and DOS certified asbestos abatement contractors and consultants may be hired to perform asbestos-related work in Massachusetts.

Received By: _____
Print Name

Title

Signature

Date



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LOCATION OF DEMOLITION DEBRIS

In accordance with the provisions of MGL c 40, S 54, a condition of Building Permit Number _____ is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c 111, S 150A.

The debris will be disposed of in:

(Location of Facility)

Signature of Permit Applicant

Date